



MASSACHUSETTS
Department of
Higher Education



CREATIVITY AND CONNECTIONS



**BUILDING THE FRAMEWORK FOR THE FUTURE OF
NURSING EDUCATION AND PRACTICE**
Massachusetts Department of Higher Education Nursing Initiative

**Nurse of the Future
Nursing Core Competencies[®]**

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**Massachusetts/Rhode Island League
for Nursing**

NLN

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Background

In March 2006, the Massachusetts Department of Higher Education (DHE) and the Massachusetts Organization of Nurse Executives (MONE) convened a facilitated working session entitled *Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice*. This invitational session brought together 32 experienced professionals from the major statewide stakeholders in nursing education and practice. The group included nurse leaders from a variety of practice settings, educators from both public and private higher education representing all degree levels, and representatives from the Department of Higher Education, the Board of Registration in Nursing, the Massachusetts Center for Nursing (MCN), the Massachusetts Association of Colleges of Nursing (MACN), the Massachusetts/Rhode Island League for Nursing (MARILN), and other national accrediting agencies, including the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE).

An important outcome of the conference was the development of the following mission statement to guide future work: *Establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies which include transitioning nurses into their practice settings*. An additional key outcome involved the establishment of the following top priorities:

- Creation of a seamless progression through all levels of nursing education
- Development of sufficient consensus on competencies to serve as a framework for educational curriculum
- Development of a statewide nurse internship/preceptor program

At the end of the conference a working group was formed composed of deans and faculty representing all segments of nursing education, and nursing practice leaders and clinical nursing staff representing the continuum of care. From 2006 through 2009, the working group researched and reviewed standards, initiatives, and best practices in nursing education and formed a foundation for moving the priorities forward. To expedite the process, the group formed two working committees: the Massachusetts Nurse of the Future (NOF) Competency Committee (see membership list, back cover), which was charged with furthering the development of a seamless continuum of nursing education by identifying a core set of nursing competencies; and the MONE Academic Practice Integration Committee, which was charged with using the identified competencies as a framework for developing a statewide transition into practice model.

This report summarizes the work of the NOF Competency Committee. In the report, the committee describes the process it used to identify NOF Nursing Core Competencies, presents the NOF Core Competency Model®, and defines the ten NOF Nursing Core Competencies and the knowledge, attitudes and skills associated with each. Key terms used in the document are highlighted in bold and are defined in the Glossary.

Defining the Nurse of the Future Nursing Core Competencies and Core Competency Model

The NOF Competency Committee used a multi-step process to define a core set of nursing competencies for the nurse of the future. As a first step, the group identified and synthesized competencies obtained from other states, current practice standards, education accreditation standards, national initiatives, and projected patient demographic and healthcare profiles for Massachusetts. The committee also reviewed the Institute of Medicine's core competencies for all healthcare professionals (Institute of Medicine [IOM], 2003) and the Quality and Safety Education for Nurses model (Quality and Safety Education for Nurses [QSEN], 2007). Information and data obtained through this process of research, analysis, and dialogue formed the basis for the development of a preliminary set of NOF Nursing Core Competencies.

The committee then used a formalized process to obtain feedback on the preliminary set of core competencies from the nursing education and practice community throughout the state. The feedback process included online opportunities, two statewide summits, on-campus meetings with faculty from public and private associate and baccalaureate nursing education programs, and meetings with nursing leadership groups and nursing practice councils from a variety of healthcare organizations across the state. Feedback was also obtained through a gap analysis process developed in consultation with a nurse expert involved with the development of the QSEN competencies. Through this process, nursing programs and their clinical practice partners evaluated their curriculum and identified gaps between what is currently being taught and what they determined should be taught for students to master the NOF Nursing Core Competencies by graduation. Eight nursing programs in collaboration with their clinical practice partners participated in this funded activity.

After synthesizing the feedback, the committee conducted another review of the literature, comparing the preliminary set of core competencies against nationally accepted models, guidelines, and standards. The preliminary set of competencies was also compared to the CCNE Essentials of Baccalaureate of Education (American Association of Colleges of Nursing, 2008), the Bologna Accords (Zabalegui, Loreto, & Josefa et al., 2006; Davies, 2008), the Competency Outcomes and Performance Assessment (COPA) model (Lenburg, 1999), the National League for Nursing's educational competencies for graduates of associate degree nursing programs (National League for Nursing [NLN], 2000), and the Accreditation Council for Graduate Medical Education competencies (Accreditation Council for Graduate Medical Education [ACGME], n.d.). Information and data obtained by the review and feedback process was then incorporated into an updated version of the NOF Nursing Core Competencies.

The updated version of the core competencies is presented in this report and is also available online at www.mass.edu/nursing. The NOF Competency Committee encourages nurses from practice, academe, and professional nursing organizations to review and disseminate the competencies. To help monitor how they are used, the committee asks users of the NOF Nursing Core Competencies to complete the Tracking and Permission Form, also available on the website.

ASSUMPTIONS

In developing the NOF Nursing Core Competencies, the Competency Committee identified a set of assumptions to serve as a framework for its work and as guiding principles for the design of a competency-based education and practice partnership model. The assumptions include the following:

- Education and practice partnerships are key to developing an effective model.
 - Nursing education and practice settings should facilitate individuals in moving more effectively through the educational system
 - An integrated practice/education competency model will positively impact patient safety and improve patient care
 - Nursing practice should be differentiated according to the registered nurse's educational preparation and level of practice and further defined by the role of the nurse and the work setting

- Practice environments that support and enhance professional competence are essential
- It is imperative that leaders in nursing education and practice develop collaborative curriculum models to facilitate the achievement of a minimum of a baccalaureate degree in nursing by all nurses.
 - Advancing the education of all nurses is increasingly recognized as essential to the future of nursing practice
 - Evidence has demonstrated that nurses with higher education levels have a positive impact on patient care
- A more effective educational system must be developed, one capable of incorporating shifting demographics and preparing the nursing workforce to respond to current and future health care needs and population health issues.
 - The NOF Nursing Core Competencies are designed to be applicable across all care settings and to encompass all patient populations across the lifespan
 - Evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race and spirituality are essential for caring for diverse populations in this global society
- The nurse of the future will be proficient in a core set of competencies.
 - There is a differentiation in competencies among practicing nurses at various levels
 - Competence is developed over a continuum and can be measured
- Nurse educators in education and in practice settings will need to use a different set of knowledge and teaching strategies to effectively integrate the Nurse of the Future Nursing Core Competencies® into curriculum.

THE NURSE OF THE FUTURE NURSING CORE COMPETENCIES

The NOF Nursing Core Competencies emanate from the foundation of nursing knowledge. The competencies, which will inform future nursing practice and curricula, consist of the following:

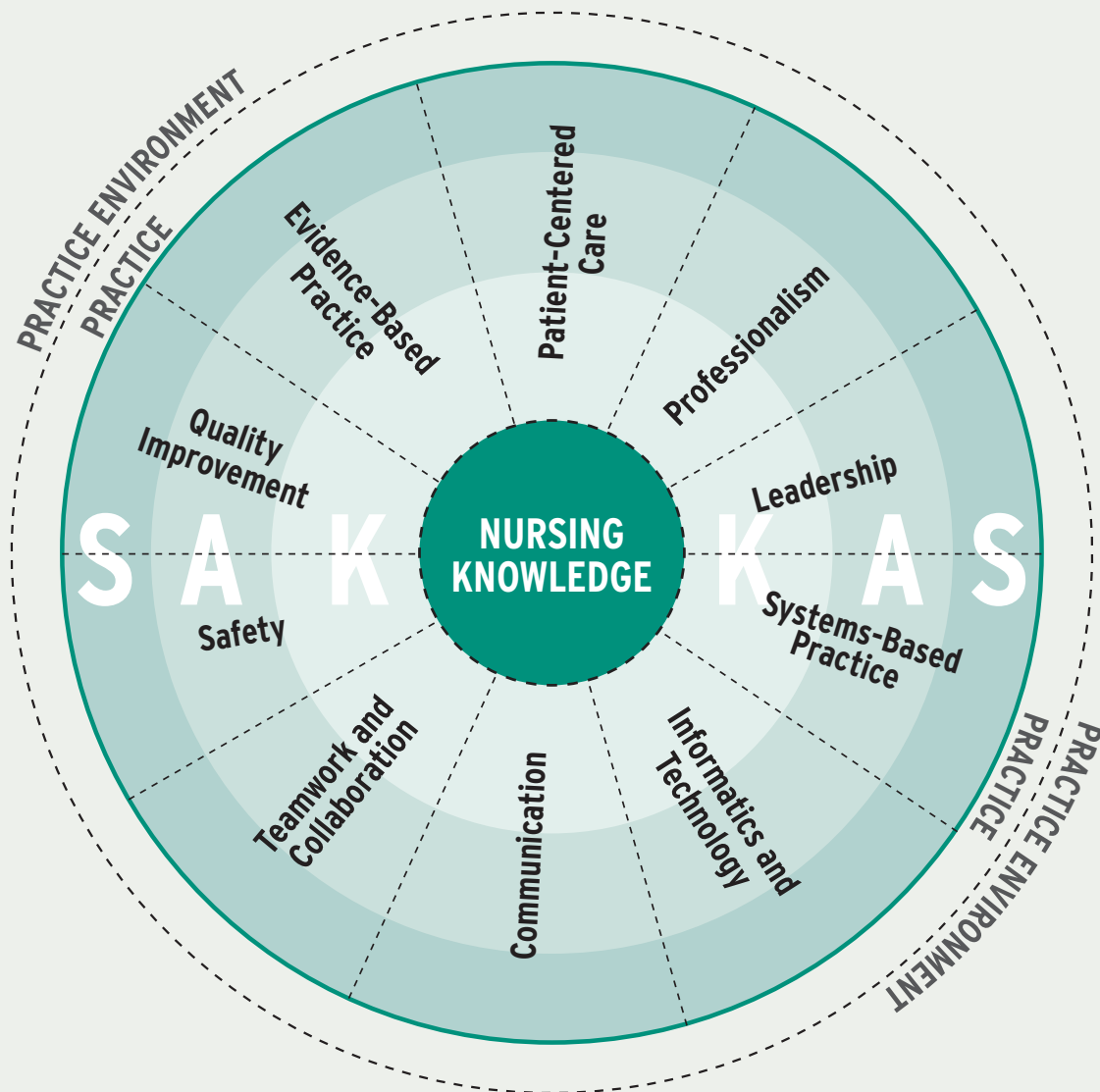
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|---------------------------------|--------------------------|------------------------------|
| ■ Patient-Centered Care | ■ Leadership | ■ Communication |
| ■ Professionalism | ■ Systems-Based Practice | ■ Teamwork and Collaboration |
| ■ Informatics and Technology | ■ Safety | ■ Quality Improvement |
| ■ Evidence-Based Practice (EBP) | | |

THE NURSE OF THE FUTURE CORE COMPETENCY MODEL

The Nurse of the Future Nursing Core Competency® model is a graphic representation of the NOF Nursing Core Competencies and their relationship to nursing knowledge. In the model, nursing knowledge has been placed at the core to represent how nursing knowledge in its totality reflects the overarching art and science of the nursing profession and discipline. The ten essential competencies, which guide nursing curricula and practice, emanate from this central core and include patient-centered care, professionalism, leadership, systems-based practice, informatics and technology, communication, teamwork and collaboration, safety, quality improvement, and **evidence-based practice**. The order of the competencies does not indicate any hierarchy, as all the competencies are of equal importance. The competencies are connected by broken lines because distinction between individual competencies may be blurred; the competencies overlap and are not mutually exclusive. The competencies are similarly connected to the core by a broken line to indicate the reciprocal and continuous relationship between each of the competencies and nursing knowledge.

Nursing knowledge and each of the ten competencies are described in more detail in the following sections of this report. For each competency, a definition is provided that identifies expectations for all professional nurses of the future. Essential knowledge, attitudes, and skills (KAS), reflecting the cognitive, affective, and psycho-motor domains of learning, are also specified for each competency. The KAS identify expectations for initial nursing practice following completion of a pre-licensure professional nursing educational program.

MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION
Nurse of the Future Nursing Core Competencies[®]
The Art and Science of Nursing



K - Knowledge
A - Attitudes
S - Skills

NOF CORE COMPETENCIES AND MODEL DEVELOPMENT REFERENCES

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Nursing Knowledge

Nursing is a scholarly profession and practice-based discipline and is built on a foundation of knowledge that reflects nursing's dual components of science and art. Nursing knowledge in conjunction with a liberal education prepares learners to enter practice with identified core competencies.

A solid base in liberal education provides the distinguishing cornerstone for the study and practice of professional nursing (American Association of Colleges of Nursing [AACN], 2008, p. 11). A strong foundation in liberal arts includes a general education curriculum that provides broad exposure to multiple disciplines and ways of knowing. As defined by the Association of American Colleges and Universities (AAC&U), a liberal education is one that intentionally fosters, across multiple fields of study, wide ranging knowledge of science, cultures, and society; high level intellectual and practical skills; an active commitment to personal and social responsibility; and the demonstrated ability to apply learning to complex problems and challenges (AAC&U, 2007, p. 4). A liberal education includes both the sciences and the arts (AACN, 2008, p.10).

As a scientific discipline, nursing draws on a discrete body of knowledge that incorporates an understanding of the relationships among nurses, patients, and environments within the context of health, nursing concepts and theories, and concepts and theories derived from the basic sciences, humanities, and other disciplines. The science of nursing is applied in practice through a critical thinking framework known as the nursing process that is composed of assessment, diagnosis, planning, implementation, and evaluation. The steps of the nursing process serve as a foundation for clinical decision-making and evidence-based practice. Nurses use critical thinking to integrate objective data with knowledge gained from an assessment of the subjective experiences of patients and groups, and to apply the best available evidence and research data to the processes of diagnosis and treatment. Nurses use **clinical reasoning** to respond to the needs of the populations they serve and to develop strategies to support optimal outcomes that are most appropriate to the patient or situation while being mindful of resource utilization. Nurses continually evaluate the quality and effectiveness of nursing practice and seek to optimize outcomes (American Nurses Association [ANA], 2004).

The art of nursing is based on a framework of caring and respect for human dignity. The art and science of nursing are inextricably linked, as a compassionate approach to patient care carries a mandate to provide that care competently. Competent care is provided and accomplished through **delegated, independent and interdependent practice** (Koloroutis, 2004, pp. 123-25), and through **collaborative practice** (Tomey, 2009, p. 397) involving other colleagues and/or the individuals seeking support or assistance with their healthcare needs (ANA, 2004, p. 12).

The distinctive focus of the discipline of nursing is on nursing actions and processes, which are directed toward human beings and take into account the environment in which individuals reside and in which nursing practice occurs (Fawcett & Garity, 2009). This distinctive focus is reflected in the metaparadigm of nursing, which identifies human beings (patients), the environment, health, and nursing as the subjective matter of interest to nurses (ANA, 2004). In the context of nursing knowledge, these constructs are defined as follows:

Human beings/patients – the recipient of nursing care or services. This term was selected for consistency and recognition and support of the historically established tradition of the nurse-patient relationship and recipients of nursing care. Patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may at times more appropriately be termed clients, consumers, or customers of nursing services (AACN, 1998, p. 2).

Environment – the atmosphere, milieu, or conditions in which an individual lives, works, or plays (ANA, 2004, p. 47).

Health – an experience that is often expressed in terms of wellness and illness, and may occur in the presence or absence of disease or injury (ANA, 2004, p. 48).

Nursing – is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (ANA, 2001, p. 5).

NURSING KNOWLEDGE REFERENCES

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Patient-Centered Care

The Nurse of the Future will provide holistic care that recognizes an individual's preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span	A1a Values use of scientific inquiry, as demonstrated in the nursing process, as an essential tool for provision of nursing care A1b Appreciates the differences between data collection and assessment	S1a Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process S1b Demonstrates cognitive, affective, and psychomotor nursing skills when delivering patient care
K2 Understands that care and services are delivered in a variety of settings along a continuum of care that can be accessed at any point	A2a Values assessing health care situations “through patient’s eyes” A2b Respects and encourages the patient’s input relative to decisions about health care and services	S2 Assesses patient values, preferences, decisional capacity, and expressed needs as part of ongoing assessment, clinical interview, implementation of care plan, and evaluation of care
K3 Integrates understanding of multiple dimensions of patient-centered care: <ul style="list-style-type: none"> • Patient/family/community preferences, values • Coordination and integration of care • Information, communication, and education • Physical comfort and emotional support • Involvement of family and significant other • Transition and continuity 	A3a Respects and encourages individual expression of patient values, preferences, and needs A3b Values the patient’s expertise with own health and symptoms A3c Respects and encourages the patient’s input into decisions about health care and services	S3a Communicates patient values, preferences, and expressed needs to other members of health care team S3b Seeks information from appropriate sources on behalf of patient, when necessary

<p>K4 Describes how diverse cultural, ethnic, spiritual and socioeconomic backgrounds function as sources of patient, family, and community values</p>	<p>A4a Values opportunities to learn about all aspects of human diversity</p> <p>A4b Recognizes impact of personal attitudes, values and beliefs regarding delivery of care to diverse clients</p> <p>A4c Supports patient-centered care for individuals and groups whose values differ from their own</p>	<p>S4a Provides patient-centered care with sensitivity and respect for the diversity of human experience</p> <p>S4b Implements nursing care to meet holistic needs of patient on socioeconomic, cultural, ethnic, and spiritual values and beliefs influencing health care and nursing practice</p> <p>S4c Demonstrates caring behaviors toward patient, significant others, and groups of people receiving care</p>
<p>K5 Demonstrates comprehensive understanding of the concepts of pain, palliative care, and quality of life</p>	<p>A5a Appreciates the role of the nurse in relieving all types and sources of pain and suffering</p> <p>A5b Recognizes personally held values and beliefs about the management of pain and suffering and end-of-life care</p>	<p>S5a Assesses presence and extent of physical and emotional comfort</p> <p>S5b Elicits expectations of patient and family for relief of pain, discomfort, or suffering and end-of-life care</p> <p>S5c Initiates treatments to relieve pain and suffering in light of patient values, preferences, and expressed needs</p>
<p>K6 Demonstrates understanding of the diversity of the human condition</p>	<p>A6 Values the inherent worth and uniqueness of individuals and populations</p>	<p>S6a Understands how human behavior is affected by socioeconomics, culture, race, spiritual beliefs, gender, lifestyle, and age</p> <p>S6b Provides holistic care that addresses the needs of diverse populations across the life span</p> <p>S6c Works collaboratively with health care providers from diverse backgrounds</p> <p>S6d Understands the effects of health and social policies on persons from diverse backgrounds</p>

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Professionalism

The Nurse of the Future will demonstrate accountability for the delivery of standard-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1a Understands the concept of accountability for own nursing practice K1b Justifies clinical decisions	A1a Accepts responsibility for own behavior A1b Shows commitment to provision of high quality, safe, and effective patient care	S1a Demonstrates accountability for own nursing practice. S1b Exercises critical thinking within standards of practice
K2 Describes legal and regulatory factors that apply to nursing practice	A2a Values professional standards of practice A2b Values and upholds legal and regulatory principles	S2a Uses recognized professional standards of practice S2b Implements plan of care within legal, ethical, and regulatory framework of nursing practice S2c Complies with mandated reporting regulations
K3 Understands the professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice	A3a Recognizes personal capabilities, knowledge base, and areas for development A3b Values collegiality, openness to critique, and peer review	S3a Demonstrates professional comportment S3b Provides and receives constructive feedback to/from peers
K4a Describes factors essential to the promotion of professional development K4b Describes the role of a professional organization shaping the practice of nursing K4c Understands the importance of reflection to advancing practice and improving outcomes of care	A4a Committed to life-long learning A4b Values the mentoring relationship for professional development A4c Values and is committed to being a reflective practitioner	S4a Participates in life-long learning S4b Demonstrates ability for reflection in action, reflection for action, and reflection on action

<p>K5a Understands the concept of autonomy and self-regulation in nursing practice</p> <p>K5b Understands the culture of nursing and the health care system</p>	<p>A5 Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization</p>	<p>S5a Seeks ways to advocate for nursing's role, professional autonomy, accountability, and self-regulation</p> <p>S5b Promotes and maintains a positive image of nursing</p> <p>S5c Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct</p>
<p>K6 Understands role and responsibilities as patient advocate</p>	<p>A6 Values role and responsibilities as patient advocate</p>	<p>S6 Serves as a patient advocate</p>
<p>K7 Understands ethical principles, values, concepts, and decision making that apply to nursing and patient care</p>	<p>A7a Values the application of ethical principles in daily practice</p> <p>A7b Values acting in accordance with codes of ethics and accepted standards of practice</p> <p>A7c Clarifies personal and professional values and recognizes their impact on decision making and professional behavior</p>	<p>S7a Incorporates American Nurses Association's Code of Ethics into daily practice</p> <p>S7b Utilizes an ethical decision-making framework in clinical situations</p> <p>S7c Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice</p> <p>S7d Enlists system resources and participates in efforts to resolve ethical issues in daily practice</p> <p>S7e Recognizes moral distress and seeks resources for resolution</p> <p>S7f Applies a professional nursing code of ethics and professional guidelines to clinical practice</p>

K8a Understands responsibilities inherent in being a member of the nursing profession

K8b Recognizes the relationship between personal health, self renewal and the ability to deliver sustained quality care

K8c Recognizes the relationship between civic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing

A8a Recognizes need for personal and professional behaviors that promote the profession of nursing

A8b Values and upholds altruistic and humanistic principles

S8a Understands the history and philosophy of the nursing profession

S8b Incorporates professional nursing standards and accountability into practice

S8c Advocates for professional standards of practice using organizational and political processes

S8d Understands limits to one's scope of practice and adheres to licensure law and regulations

S8e Articulates to the public the values of the profession as they relate to patient welfare

S8f Advocates for the role of the professional nurse as a member of the interdisciplinary health care team

S8g Develops personal goals for professional development

S8h Assumes social and civic responsibility through participation in community volunteer activities

S8i Assumes professional responsibility through participation in professional nursing organizations

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Leadership

The Nurse of the Future will influence the behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals.

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies leadership skills essential to the practice of nursing	A1 Recognizes the role of the nurse as leader	S1 Integrates leadership skills of systems thinking, communication, and facilitating change in meeting patient care needs
K2 Understands critical thinking and problem-solving processes	A2 Values critical thinking processes in the management of client care situations	S2a Uses systematic approaches in problem solving S2b Demonstrates purposeful, informed, outcome-oriented thinking
K3a Understands human behavior, mental processes, and individual and group performance K3b Identifies the roles and skills of the health care team	A3a Recognizes the centrality of a multidisciplinary team approach to patient care A3b Values the perspectives and expertise of each member of the health care team	S3a Demonstrates ability to effectively participate in multidisciplinary teams S3b Promotes a productive culture by valuing individuals and their contributions S3c Models effective communication and promotes cooperative behaviors S3d Shows tolerance for different viewpoints
K4 Understands the need to monitor one's own feelings and emotions, to discriminate among them and use this information to guide thinking and actions	A4a Recognizes that personal attitudes, beliefs and experiences influence one's leadership style A4b Recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies A4c Values fairness and open mindedness A4d Values an environment encouraging creative thinking and innovations A4e Values courage as a leadership skill	S4a Clarifies biases, inclinations, strengths, and self-limitations S4b Adapts to stressful situations S4c Seeks appropriate mentors S4d Acts as an effective role model and resource for students and support staff S4e Demonstrates ability to stand up for beliefs and does not avoid challenges

K5 Explains the importance, necessity, and process of change	A5a Recognizes one's own reaction to change and strives to remain open to new ideas and approaches A5b Values new ideas and interventions to improve patient care	S5a Implements change to improve patient care S5b Anticipates consequences, plans ahead, and changes approaches to get best results
K6 Understands the principles of accountability and delegation	A6a Recognizes the value of delegation A6b Accepts accountability for nursing care given by self and delegated to others A6c Accepts accountability and responsibility for one's own professional judgment and actions	S6a Participates in the change process to improve patient care, the work environment, and patient and staff satisfaction S6b Assigns, directs, and supervises ancillary personnel and support staff in carrying out particular roles/functions aimed at achieving patient care goals

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Systems-Based Practice

The Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on microsystem resources to provide care that is of optimal quality and value (Adapted from ACGME, n.d.).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Understands the difference between microsystems and macrosystems in health care</p>	<p>A1a Appreciates the role of new staff nurses in the operations of an effective microsystem</p> <p>A1b Appreciates how the elements of the microsystem impact one's practice</p>	<p>S1 Plans, organizes, and delivers patient care in the context of the work unit</p>
<p>K2a Understands the impact of macrosystem changes on planning, organizing, and delivering patient care at the work unit level</p> <p>K2b Understands interrelationships among nursing, the nursing work unit, and organizational goals</p>	<p>A2a Appreciates the complexity of the work unit environment</p> <p>A2b Recognizes the complexity of individual and group practice on a work unit</p> <p>A2c Appreciates the impact of one's decisions on the work unit</p> <p>A2d Recognizes the importance of work unit systems in providing supplies, medications, equipment, and information in a timely and accurate fashion</p> <p>A2e Appreciates role in identifying work unit inefficiencies and operational failures</p>	<p>S2a Considers the influences of the macrosystem, work unit, and patient/family when making patient care decisions</p> <p>S2b Seeks to solve problems encountered at the point of care</p> <p>S2c Makes management aware of clinical and work unit problems encountered in daily practice</p> <p>S2d Identifies inefficiencies and failures on the work unit, such as those involving supplies, medications, equipment, and information</p> <p>S2e Participates in solving work unit inefficiencies and operational failures that impact patient care, such as those involving supplies, medications, equipment, and information</p>

<p>K3a Understands the concept of patient care delivery models</p> <p>K3b Understands role and responsibilities as a member of the health care team in planning and using work unit resources to achieve quality patient outcomes</p> <p>K3c Understands the relationship between the outcomes of one's own nursing care and work unit resources</p>	<p>A3a Acknowledges the tension that may exist between a goal-driven and a resource-driven patient care delivery model</p> <p>A3b Values the contributions of each member of the health care team to the work unit</p> <p>A3c Values the management of one's own time as a critical work unit resource in delivering patient care</p> <p>A3d Values the partnerships required to coordinate health care activities that can affect work unit performance</p>	<p>S3a Considers resources available on the work unit when contributing to the plan of care for a patient or group of patients</p> <p>S3b Collaborates with members of the health care team to prioritize resources, including one's own work time and activities delegated to others, for the purposes of achieving quality patient outcomes</p> <p>S3c Evaluates outcomes of one's own nursing care</p> <p>S3d In collaboration with others, uses evidence to facilitate work unit change to achieve desired patient outcomes</p>
<p>K4 Understands role and responsibilities as patient advocate, assisting patient in navigating through the health care system</p>	<p>A4a Values role and responsibilities as patient advocate</p> <p>A4b Values partnerships in providing high quality patient care</p> <p>A4c Values effective communication and information sharing across disciplines and throughout transitions in care</p> <p>A4d Appreciates role and responsibilities in using education and referral to assist the patient and family through transitions across the continuum of care</p>	<p>S4a Serves as a patient advocate</p> <p>S4b Assists patients and families in dealing with work unit complexities</p> <p>S4c Uses education and referral to assist the patient and family through transitions across the continuum of care</p>
<p>K5a Understands that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>K5b Is aware that different models of health care financing and regulation can influence patient access to care</p>	<p>A5a Appreciates that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>A5b Values the need to remain informed of how legal, political, regulatory, and economic factors impact professional nursing practice</p>	<p>S5a Provides care based on current legal, political, regulatory, and economic requirements</p> <p>S5b Articulates issues at the work unit level that impact care delivery</p> <p>S5c Brings issues of concern at the work unit level to the attention of others who can facilitate resolution</p>

K6 Is aware of global aspects of health care

A6a Appreciates the potential of the global environment to influence patient health

A6b Appreciates the potential of the global environment to influence nursing practice

S6 Engages in self-reflection on one's role and responsibilities related to **global health** issues

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Informatics and Technology

The Nurse of the Future will use information and technology to communicate, manage knowledge, mitigate error, and support decision making (QSEN, 2007).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Understands concepts included in basic computer competencies (European Computer Driving License (ECDL)/ Technology Informatics Guiding Education (TIGER) Reform)	A1 Recognizes the importance of basic computer competence to contemporary nursing practice	S1 Demonstrates proficiency in: a) Concepts of information & communication technology (ICT) b) Using the computer and managing files c) Word processing d) Spreadsheets e) Using databases f) Presentations g) Web browsing and communication
K2 Explains why information and technology skills are essential for the professional nurse	A2a Recognizes that health computing will become more common A2b Appreciates the necessity for all health professionals to seek lifelong, continuous learning of information technology skills	S2a Extracts selected electronic resources and integrates them into a professional knowledge base S2b Evaluates information and its sources critically and incorporates selected information into his or her own professional knowledge base S2c Seeks education about how information is managed in the care setting before providing care S2d Performs basic troubleshooting when using applications
K3 Defines the impact of computerized information management on the role of the nurse	A3 Appreciates own role in influencing the attitudes of other nurses toward computer use for nursing practice and education	S3a Accesses needed information effectively and efficiently S3b Uses sources of data that relate to contemporary standards of practice and patient care S3c Uses appropriate technologies in the process of assessing and monitoring patients

<p>K4 Understands the use and importance of nursing data for improving practice</p>	<p>A4 Values the importance of nursing data to improve nursing practice</p>	<p>S4a Individually, or as a member of a group, uses information effectively to accomplish a specific nursing purpose</p> <p>S4b Uses information technology to enhance own knowledge</p>
<p>K5 Describes the computerized systems presently utilized to facilitate patient care</p>	<p>A5 Values the importance of technology on patient care</p>	<p>S5a Applies technology and information management tools to support safe processes of care and evaluate impact on patient outcomes</p> <p>S5b Accesses, enters, retrieves data used locally for patient care (e.g., uses Health Information Systems, Care Information Systems for plan of care, assessments, interventions, notes, discharge planning)</p> <p>S5c Uses database applications to enter and retrieve data</p> <p>S5d Uses an application to enter patient data (e.g., vital signs)</p> <p>S5e Uses an application to plan and document patient care</p> <p>S5f Assess the accuracy of health information on the Internet</p> <p>S5g Uses and evaluates information management technologies for patient education</p>

<p>K6 Describes patients' rights as they pertain to computerized information management</p>	<p>A6 Values the privacy and confidentiality of protected health information in electronic health records</p>	<p>S6a Discusses the principles of data integrity, professional ethics, and legal requirements</p> <p>S6b Maintains privacy and confidentiality of patient information</p> <p>S6c Describes ways to protect data</p> <p>S6d Recognizes and responds to viruses and other system risks</p> <p>S6e Maintains the integrity of information and access necessary for patient care within an integrated computer-based patient record</p>
<p>K7 Describes the rationale for involving the interdisciplinary team in the design, selection, implementation, and evaluation of applications and systems in health care</p>	<p>A7 Values nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care</p>	<p>S7a Provides input to the design, selection, and application of information technologies to support patient care</p> <p>S7b Works in interdisciplinary teams to make ethical decisions regarding the application of technologies and the acquisition of data</p>

<p>K8a Describes the time, effort, and skill required to make computers, databases, and other technologies reliable and effective tools for patient care</p> <p>K8b Identifies appropriate technology for assessing and monitoring patients' conditions</p> <p>K8c Describes examples of how technology and information management are related to the quality and safety of patient care</p>	<p>A8a Values technology as a tool that can be used to improve nursing care</p> <p>A8b Appreciates the limits of technology, recognizing there are nursing practices that cannot be performed by computers or technology</p> <p>A8c Appreciates the contributions of technology as a tool to improve patient safety and quality</p>	<p>S8a Adapts the use of technologies to meet patient needs</p> <p>S8b Teaches patients about health care technologies</p> <p>S8c Uses information technologies to document and evaluate patient care, advance patient education, and enhance the accessibility of care</p> <p>S8d Advocates for patients as systems users</p> <p>S8e Identifies the appropriate technology to capture required patient data</p> <p>S8f Determines the nature and extent of information needed</p> <p>S8g Responds appropriately to clinical decision-making supports and alerts (e.g., physiological monitoring alarms, telemetry alarms, medication alerts)</p> <p>S8h Uses information management tools to monitor outcomes of care processes</p> <p>S8i Uses data and statistical analyses to evaluate practice and perform quality improvement</p>
<p>K9 Describes general applications available for research</p>	<p>A9 Values technology as a tool for generating knowledge</p>	<p>S9a Conducts on-line literature searches</p> <p>S9b Extracts data from clinical data sets</p> <p>S9c Provides for efficient data collection</p> <p>S9d Uses applications to manage aggregated data</p> <p>S9e Contributes to evidence that supports practice</p>

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Communication

The Nurse of the Future will interact effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes.

Therapeutic Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1a Understands the principles of effective communication through various means</p> <p>K1b Knows grammar, spelling, and health care terminology</p>	<p>A1 Accepts responsibility for communicating effectively</p>	<p>S1a Uses clear, concise, and effective written, electronic, and verbal communications</p> <p>S1b Documents interventions and nursing outcomes according to professional standards and work unit policy</p>
<p>K2a Understands visual, auditory, and tactile communication</p> <p>K2b Understands the physiological, psychosocial, developmental, spiritual, and cultural influences on effective communication</p> <p>K2c Describes the impact of one's own communication style on others</p>	<p>A2a Values different means of communication (auditory, visual, and tactile)</p> <p>A2b Values mutually respectful communication</p> <p>A2c Values individual cultural and personal diversity</p> <p>A2d Respects persons' rights to make decisions in planning care</p>	<p>S2a Chooses the right setting and time to initiate conversation</p> <p>S2b Assesses the patient's readiness/willingness to communicate</p> <p>S2c Assesses the patient's ability to communicate</p> <p>S2d Identifies preferences for visual, auditory, or tactile communication</p> <p>S2e Assesses barriers to effective communication (language, developmental level, medical condition/disabilities, anxiety, learning styles, etc.)</p> <p>S2f Makes appropriate adaptations in own communication based on patient and family assessment</p> <p>S2g Assesses the impact of use of self in effective communication</p>

<p>K3a Understands the nurse's role and responsibility in applying the principles of verbal and nonverbal communication</p> <p>K3b Understands the nurse's role and responsibility in applying principles of active listening</p>	<p>A3a Values the therapeutic use of self in patient care</p> <p>A3b Appreciates the dynamics of physical and emotional presence on communication</p> <p>A3c Appreciates the influences of physiological, psychosocial, developmental, spiritual, and cultural influences on one's own ability to communicate</p>	<p>S3a Establishes rapport</p> <p>S3b Actively listens to comments, concerns, and questions</p> <p>S3c Demonstrates effective interviewing techniques</p> <p>S3d Provides opportunity to ask and respond to questions</p> <p>S3e Assesses verbal and non-verbal responses</p> <p>S3f Adapts communication as needed based on patient's response</p> <p>S3g Able to distinguish between effective and ineffective communication with patients and families</p>
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Collegial Communication & Conflict Resolution

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K4a Interprets differences in communication styles among patients and families, nurses, and other members of the health team</p> <p>K4b Discusses effective strategies for communicating and resolving conflict</p> <p>K4c Understands the principles of group process and negotiation</p>	<p>A4a Values the role of each member of the health care team</p> <p>A4b Recognizes that each individual involved in a conflict has accountability for it and should work to resolve it</p> <p>A4c Appreciates the contributions of others in helping patient and families achieve health goals</p>	<p>S4a Communicates effectively with colleagues</p> <p>S4b Contributes to resolution of conflict</p> <p>S4c Uses standardized communication approach to transfer care responsibilities to other professionals whenever patients experience transitions in care and across settings</p>

Teaching/Learning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K5a Understands the influences of different learning styles on the education of patients and families</p> <p>K5b Identifies differences in auditory, visual, and tactile learning styles</p> <p>K5c Understands the principles of teaching and learning</p> <p>K5d Is aware of the three domains of learning: cognitive, affective, and psychomotor</p> <p>K5e Understands the concept of health literacy</p> <p>K5f Understands the process of cooperative learning</p>	<p>A5a Values different means of communication used by patients and families</p> <p>A5b Accepts the role and responsibility for providing health education to patients and families</p> <p>A5c Values the need for teaching in all three domains of learning</p> <p>A5d Values the patient's and family's right to know the reason for chosen interventions</p>	<p>S5a Assesses factors that influence the patient's and family's ability to learn, including readiness to learn, preferences for learning style, and levels of health literacy</p> <p>S5b Incorporates facts, values, and skills into teaching plan</p> <p>S5c Assists patients and families in accessing and interpreting health information and identifying healthy lifestyle behaviors</p> <p>S5d Provides relevant and sensitive health education information and advice to patients and families</p> <p>S5e Participates in cooperative learning</p> <p>S5f Discusses clinical decisions with patients and families</p> <p>S5g Evaluates patient and family learning</p>

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Teamwork and Collaboration

The Nurse of the Future will function effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision making, team learning, and development (Adapted from QSEN, 2007).

Self

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies own strengths, limitations, and values in functioning as a member of a team	A1a Recognizes responsibility for contributing to effective team functioning A1b Appreciates the importance of collaboration	S1a Demonstrates self-awareness of strengths and limitations as a team member S1b Initiates plan for self-development as a team member S1c Acts with integrity, consistency, and respect for differing views

Team

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K2 Describes scope of practice and roles of interdisciplinary and nursing health care team members	A2 Values the perspectives and expertise of all health team members	S2 Functions competently within own scope of practice as a member of the health care team
K3 Identifies contributions of other individuals and groups in helping patients and families achieve health goals	A3 Respects the centrality of the patient and family as core members of any health care team	S3 Assumes the role of team member or leader based on the situation
K4 Describes strategies for identifying and managing overlaps in team member roles and accountabilities	A4 Respects the unique professional and cultural attributes that members bring to a team	S4a Initiates requests for assistance when situation warrants it S4b Manages, within the scope of practice, areas of overlap in role and/or accountability in team member functioning S4c Integrates the contributions of others in assisting patient/family to achieve health goals

Team Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K5 Understands the principles of effective collegial communication	A5 Values teamwork and the relationships upon which it is based	S5a Adapts own communication style to meet the needs of the team and situation S5b Demonstrates commitment to team goals S5c Solicits input from other team members to improve individual and team performance

Effect of Team on Safety & Quality

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K6a Understands the impact of effective team functioning on safety and quality of care K6b Discusses how authority and hierarchy influence teamwork and patient safety	A6 Recognizes the risks associated with transferring patient care responsibilities to another professional (“ hand-off ”) during transitions in care	S6a Follows communication practices to minimize risks associated with transfers between providers during transitions in care delivery S6b Asserts own position/perspective in discussions about patient care

Impact of Systems on Team Functioning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K7a Identifies systems factors that facilitate or interfere with effective team functioning K7b Identifies lateral violence as a barrier to teamwork and unit functioning K7c Explores strategies for improving microsystems to support team functioning	A7a Recognizes tensions between professional autonomy and systems factors A7b Recognizes behaviors that contribute to lateral violence A7c Values the creation of system solutions in achieving quality of care	S7a Contributes to effective team functioning S7b Practices strategies to minimize lateral violence S7c Participates in designing microsystems that support effective teamwork

TEAMWORK AND COLLABORATION BIBLIOGRAPHY

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Safety

The Nurse of the Future will minimize risk of harm to patients and providers through both system effectiveness and individual performance (QSEN, 2007).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies human factors and basic safety design principles that affect safety	A1 Recognizes the cognitive and physical limitations of human performance	S1 Demonstrates effective use of technology and standardized practices that support safe practice
K2 Describes the benefits and limitations of commonly used safety technology	A2 Recognizes the tension between professional autonomy and standardization	S2 Demonstrates effective use of strategies at the individual and systems levels to reduce risk of harm to self and others
K3 Discusses effective strategies to enhance memory and recall and minimize interruptions	A3 Recognizes that both individuals and systems are accountable for a safety culture	S3 Uses appropriate strategies to reduce reliance on memory and interruptions
K4a Delineates general categories of errors and hazards in care K4b Describes factors that create a culture of safety K4c Describes optimal processes for communicating with patients/families experiencing adverse events	A4a Recognizes the importance of transparency in communication with the patient, family, and health care team around safety and adverse events A4b Recognizes the complexity and sensitivity of the clinical management of medical errors and adverse events	S4a Participates in collecting and aggregating safety data S4b Uses organizational error reporting system for “ near miss ” and error reporting S4c Communicates observations or concerns related to hazards and errors involving patients, families, and/or health care team S4d Utilizes timely data collection to facilitate effective transfer of patient care responsibilities to another professional during transitions in care (“hand-offs”) S4e Discusses clinical scenarios in which sensitive and skillful management of corrective actions to reduce emotional trauma to patients/families is employed
K5 Describes how patients, families, individual clinicians, health care teams, and systems can contribute to promoting safety and reducing errors	A5 Recognizes the value of analyzing systems and individual accountability when errors or near misses occur	S5 Participates in analyzing errors and designing systems improvements

K6a Describes processes used in understanding causes of error and in allocation of responsibility and accountability

K6b Discusses potential and actual impact of **established patient safety resources, initiatives** and regulations

A6 Values the systems' benchmarks that arise from established safety initiatives

S6 Uses established safety resources for professional development and to focus attention on assuring safe practice

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Quality Improvement

The Nurse of the Future uses data to monitor the outcomes of care processes, and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems (QSEN, 2007).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Describes the nursing context for improving care	A1 Recognizes that quality improvement is an essential part of nursing	S1a Actively seeks information about quality initiatives in their own care settings and organization S1b Actively seeks information about quality improvement in the care setting from relevant institutional, regulatory and local/national sources
K2 Understands that nursing contributes to systems of care and processes that affect outcomes	A2 Recognizes that team relationships are important to quality improvement	S2 Participates in the use of quality improvement processes to make processes of care interdependent and explicit
K3 Explains the importance of variation and measurement in providing quality nursing care	A3a Appreciates how standardization supports quality patient care A3b Recognizes how unwanted variation compromises care	S3 Participates in the use of quality improvement tools to assess performance and identify gaps between local and best practices
K4 Describes approaches for improving processes and outcomes of care	A4 Recognizes the value of what individuals and teams can do to improve care processes and outcomes of care	S4 Participates in the use of quality indicators and core measures to evaluate the effect of changes in the delivery of care

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Evidence-Based Practice

The Nurse of the Future will identify, evaluate, and use the best current evidence coupled with clinical expertise and consideration of patients' preferences, experience and values to make practice decisions (Adapted from QSEN, 2007).

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Demonstrates knowledge of basic scientific methods and processes	A1a Appreciates strengths and weaknesses of scientific bases for practice A1b Values the need for ethical conduct in practice and research	S1a Critiques research for application to practice S1b Participates in data collection and other research activities S1c Adheres to Institutional Review Board (IRB) guidelines
K2 Describes the concept of evidence-based practice (EBP), including the components of research evidence, clinical expertise, and patient/family values	A2 Values the concept of EBP as integral to determining best clinical practice	S2 Bases individualized care on best current evidence, patient values, and clinical expertise
K3 Describes reliable sources for locating evidence reports and clinical practice guidelines	A3 Appreciates the importance of accessing relevant clinical evidence	S3 Locates evidence reports related to clinical practice topics and guidelines
K4 Differentiates clinical opinion from research and evidence summaries	A4 Appreciates that the strength and relevance of evidence should be determinants when choosing clinical interventions	S4a Applies original research and evidence reports related to area of practice S4b Contributes to the integration of best current evidence into microsystem practices
K5 Explains the role of evidence in determining best clinical practice	A5a Questions the rationale of supporting routine approaches to care processes and decisions A5b Values the need for continuous improvement in clinical practice based on new knowledge	S5 Facilitates integration of new evidence into standards of practice, policies, and nursing practice guidelines

K6a Identifies evidence-based rationale when developing and/or modifying clinical practices

K6b Understands data collection methodologies appropriate to individuals, families, and groups in meeting health care needs across the life span

A6 Acknowledges own limitations in knowledge and clinical expertise before seeking evidence and modifying clinical practice

S6 Uses current evidence and clinical experience to decide when to modify clinical practice

EVIDENCE-BASED PRACTICE BIBLIOGRAPHY

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Glossary

Adverse event	Any injury caused by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006).
Clinical reasoning	Reasoning across time about particular situations and through changes in the patient's condition or concerns and/or changes in the clinician's understanding of the patient's clinical condition or concerns (Benner, Sutphen, Leonard-Kahn & Day, 2008).
Collaborative practice	This practice can include interdisciplinary teams, nurse-physician interaction in joint practice, or nurse-physician collaboration in care giving. Collaboration is cooperative and synergistic. The interaction between nurse and physicians or other health care team members in collaborative practice should enable the knowledge and skills of the professions to influence the quality of patient care (Tomey, 2009).
Cooperative learning	Student interactions in purposefully structured groups that encourage individual flexibility and group learning through positive interdependence, individual accountability, face-to-face interaction, appropriate use of collaborative skills, and regular self-assessment of team functioning.
Delegated practice	Assessments and interventions in this realm are determined by the medical plan of care and specific provider-directed interventions. The nurse carries out these delegated functions when his or her knowledge, experience, and judgment confirm that the specific medical order is appropriate and safe for the patient being served (Koloroutis, 2004).
Domains of learning	<i>Cognitive</i> domain of learning skills revolves around knowledge, comprehension, and thinking through a particular topic. <i>Affective</i> domain of learning skills describes the way people react emotionally in terms of attitudes and feelings. <i>Psychomotor</i> domain of learning skills describes the ability to physically perform a task or behavior. (Bloom, 1956)
Established patient safety initiatives	Goals, standards, and performance expectations that have been established to assist in the prevention of health care error and associated patient injuries (e.g., by the Institute for Healthcare Improvement (IHI), National Patient Safety Foundation, Agency for Healthcare Research and Quality, Center for Medicare and Medicaid Services, The Joint Commission).
Evidence-based practice	Uses the current best evidence to make decisions about patient care. Integrates the search for and critical appraisal of current evidence relating to a clinical question, the nurse's expertise, and the patient's preferences and values (Melnik and Fineout-Overholt, 2005). Research utilization tends to use knowledge typically from one study while evidence-based practice incorporates the expertise of the practitioner and patient preferences and values (Melnik and Fineout-Overholt, 2005).

Global health	The health of populations around the world in an environment that disregards national borders and transcends the perspectives and concerns of individual nations, instead reflecting factors including global political, economic, and workforce issues (American Association of Colleges of Nursing, 2008).
Goal-driven model	Nursing care delivery model in which the work flow originates in the nurse's assessment of patient needs and assumes that the resources required to deliver a comprehensive package of care based on patient needs will be forthcoming. The goals for the patient drive the care (Barnum & Kerfoot, 1995).
Hand-off	Transfer of verbal and/or written communication about patient condition between care providers (QSEN, 2007).
Health literacy	The degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions (IOM, 2004).
Independent practice	The nurse conducts assessments and interventions for the purpose of promoting health and healing. The focus is on the patient's response to actual or potential health problems (Koloroutis, 2004, pp. 123-5).
Information technology	Smart, people-centered, affordable technologies that are universal, useable, useful, and standards based (Technology Information Guiding Educational Reform, 2007).
Integrity of information	Secured and protected transmission of information between patients and their providers or designated others, including clinicians and other staff following all legal, ethical, and organization policies to protect and maintain confidentiality (Technology Information Guiding Educational Reform, 2009).
Interdependent practice	The nurse initiates communication with other members of the health care team to assure that the patient and family receive the full scope of interdisciplinary expertise and services commensurate with a coordinated and integrated plan of care (Koloroutis, 2004).
Lateral violence	Nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves (Griffin, 2004).
Learning styles	Particular methods (visual, auditory, and tactile) of interacting with, taking in, and processing information that allows the individual to learn.
Macrosystem	The health care organization or agency as a whole comprised of two or more microsystems or work units (Nelson, Batalden, & Godfrey, 2007).
Microsystem	The work unit responsible for delivering care to specific patient populations; the front line places where patients, families, and care teams meet (Nelson, Batalden, & Godfrey, 2007).
Near miss	An event or situation that did not produce a patient injury, but only because of chance.

Operational failures	The inability of the work system to reliably provide information, services, and supplies, when, where, and to whom needed (Tucker, 2006).
Patient safety	Freedom from accidental or preventable injuries produced by medical care (Massachusetts Coalition for the Prevention of Medical Errors, 2006).
Professional comportment	Demonstrates professional behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers (Benner, 2008).
Quality improvement processes	Planned or systematic actions that require the open exchange of information to guide improvement or system changes.
Quality improvement tools	Documents used to collect data for investigation and analysis of events.
Resource-driven model	Nursing care delivery models in which the nurse takes into account the environment and the resources it holds to determine what goals can reasonably be met for a patient or group of patients. This requires the nurse to make the best selection of goals and use scarce resources appropriately (Barnum & Kerfoot, 1995).
Safety culture	Commitment to safety that permeates all levels of healthcare delivery (Agency for Healthcare Research and Quality, n.d.).
Work unit	The practice environment in which the nurse/team delivers care to patients/families.

Professional Standards

Professional standards developed by the following organizations were used as a framework for the NOF Nursing Core Competencies:

- » Accreditation Council for Graduate Medical Education (ACGME)
- » Agency for Healthcare Research and Quality (AHRQ)
- » American Association of Colleges of Nursing (AACN)
- » American Nurses Association (ANA)
- » American Organization of Nurse Executives (AONE)
- » Bologna Accord
- » Commission on Collegiate Nursing Education (CCNE)
- » Competency Outcomes and Performance Assessment (COPA)
- » Institute of Medicine (IOM)
- » International Council of Nurses (ICN)
- » National Council of State Boards of Nursing (NCSBN)
- » National League for Nursing (NLN)
- » National League for Nursing Accrediting Commission, Inc. (NLNAC)
- » Quality and Safety Education for Nurses (QSEN)

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